FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING

| 1422689                  |
|--------------------------|
| OMB APPROVÁL             |
| OMB Number: 3235-0076    |
| Expires: April 30, 2008  |
| Estimated average burden |
| hours per response16.00  |

SEC USE ONLY

Serial

Prefix



| 01001024   | EXEMPTION   | DATE RECEIVED  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|
| Name of Offering ( check if this is an amendment and name has changed, and indicate change)  Mission Gate REIT Inc. Offering of 12.5% Series A Cumulative Non-Voting Preferred Stock |   |  |  |  |  |  |  |  |  |  |
| Filing Under (Check box(es) that apply):  Type of Filing:  New Filing  Ame   | Rule 504 Rule 505 Rule endment  | 506 Section 4(6) QULOE                               |  |  |  |  |  |  |  |  |
|  | A. BASIC IDENTIFICATION DATA  |  |  |  |  |  |  |  |  |  |
| 1. Enter the information requested about the iss   | suer  | UEC 2 2  |  |  |  |  |  |  |  |  |
| Name of Issuer ( check if this is an amen Mission Gate REIT Inc.   | dment and name has changed, and indicate change                           | 2007   |  |  |  |  |  |  |  |  |
| Address of Executive Offices 3625 Cumberland Blvd., Suite 400  | (Number and Street, City, State, Zip Code)<br>Atlanta, Georgia 30339      | Telephone Slumber (Including Area Code) 770-818-4000 |  |  |  |  |  |  |  |  |
| Address of Principal Business Operations (if different from Executive Offices)   | (Number and Street, City, State, Zip Code) Same                           | Telephone Number (Hicluding Area Code)               |  |  |  |  |  |  |  |  |
| Brief Description of Business: Real estate inves   | stment.   |  |  |  |  |  |  |  |  |  |
| Type of Business Organization  ⊠ corporation  □ business trust   | ☐ limited partnership, already formed ☐ limited partnership, to be formed | PROCESSED<br>JAN 0 7 2008 E                          |  |  |  |  |  |  |  |  |
|  | Month Year  | <i>حر</i> ۲۰۰۰ : •                                   |  |  |  |  |  |  |  |  |

## **GENERAL INSTRUCTIONS**

Actual or Estimated Date of Incorporation or Organization:

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Starting

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner/Manager Full Name (Last name first, if individual) Williams Multifamily Acquisition Fund, LP Business or Residence Address (Number and Street, City, State, Zip Code) 3625 Cumberland Boulevard, Suite 400, Atlanta, GA 30339 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Williams, John A. Business or Residence Address (Number and Street, City, State, Zip Code) 3625 Cumberland Boulevard, Suite 400, Atlanta, GA 30339 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Silverstein, Leonard A. Business or Residence Address (Number and Street, City, State, Zip Code) 3625 Cumberland Boulevard, Suite 400, Atlanta, GA 30339 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mills, E. Nelson Business or Residence Address (Number and Street, City, State, Zip Code) 3625 Cumberland Boulevard, Suite 400, Atlanta, GA 30339 Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

|        | INFORMATION ABOUT OFFERING   |  | <del></del> |  |  |  |
|--------|--|--|-------------|--|--|--|
| 1.     | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  | Yes  | No<br>⊠     |  |  |  |
|        | Answer also in Appendix, Column 2, if filing under ULOE.   | _  |             |  |  |  |
| 2.     | •••••••••••••••••••••••••••••••••••••••  |  |             |  |  |  |
| _      |  | Yes  |             |  |  |  |
| 3.     | Does the offering permit joint ownership of a single unit?   |  | П           |  |  |  |
| 4.     | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |             |  |  |  |
|        | ame (Last name first, if individual)   |  |             |  |  |  |
|        | on, Charles B.   |  |             |  |  |  |
|        | ess or Residence Address (Number and Street, City, State, Zip Code)  |  |             |  |  |  |
|        | Peachtree Street, Suite 2120, Atlanta, GA 30361  |  | <del></del> |  |  |  |
|        | of Associated Broker or Dealer   |  |             |  |  |  |
|        | L Equities, LLC  |  |             |  |  |  |
| States | in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   |  | All States  |  |  |  |
| [ A    | L] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] X[FL] X[GA] [H  | [ ]  | [ ID ]      |  |  |  |
| ( II   |  | 3]   | [ MO ]      |  |  |  |
| [ M    |  | ١)   | X [PA ]     |  |  |  |
| [ R    |  | 7]   | [ PR ]      |  |  |  |
|        | ame (Last name first, if individual)   |  |             |  |  |  |
| Beck,  | Phyllis Johnson  |  |             |  |  |  |
| Busine | ess or Residence Address (Number and Street, City, State, Zip Code)  |  |             |  |  |  |
| 1175 F | Peachtree Street, Suite 2120, Atlanta, GA 30361  |  |             |  |  |  |
| Name   | of Associated Broker or Dealer   |  |             |  |  |  |
| Н&     | L Equities, LLC  |  |             |  |  |  |
| States | in Which Person Listed Has Solicited or Intends to Solicit Purchasers  | _  |             |  |  |  |
|        | (Check "All States" or check individual States)  | □A   | All States  |  |  |  |
| [ Al   | L] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] X[GA] [H   | <b>I</b>                                       | [ ID ]      |  |  |  |
| [ ]]   | .] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS   | ; ]  | [ MO ]      |  |  |  |
| [ M    | I) [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OF   | : ]  | [ PA ]      |  |  |  |
| [ R    | I] [SC] [SD] X[TN] X[TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY   | <u>' ]                                    </u> | [ PR ]      |  |  |  |
| Full N | ame (Last name first, if individual)   |  |             |  |  |  |
| Busine | ess or Residence Address (Number and Street, City, State, Zip Code)  |  |             |  |  |  |
| Name   | of Associated Broker or Dealer   |  |             |  |  |  |
| States | in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |  |             |  |  |  |
|        | (Check "All States" or check individual States)  | □A   | All States  |  |  |  |
| [ A]   | L] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H  | ]  | [ ID ]      |  |  |  |
| [ 11   |  | ; ]  | [ MO ]      |  |  |  |
| [ M    | T] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR   |  | [ PA ]      |  |  |  |
| [ R    | I [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WI  | <u> </u>                                       | [ PR ]      |  |  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 
and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Type of Security Offering Price Already Sold Debt..... 0 \$ .0 Equity..... \$ 125,000 \$\_125,000 Common Preferred Convertible Securities (Including warrants)..... \$ 0 Partnership Interests Other (Specify: Limited liability company membership interests)..... 0 0 \$ 125,000 **\$** 125,000 Total ..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Number Amount of Investors Purchases 125 \$ 125,000 Accredited Investors Non-accredited Investors..... Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 ..... Regulation A Rule 504..... Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees П Printing and Engraving Costs.....  $\boxtimes$ 100 Legal Fees .....  $\boxtimes$ 3,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)\* 6,250  $\boxtimes$ Other Expenses (miscellaneous)..... \$<u>1,500</u> Total .....  $\boxtimes$ 10,850

B. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|               | C. OFFERING PRICE, NUMBER OF I   | NVESTORS, EXPENSES AND US   | E OF P  | ROCEEDS                                      |                      |                                     |
|---------------|--|---|---|--|----------------------|-------------------------------------|
|               | b. Enter the difference between the aggregate offering price g l and total expenses furnished in response to Part C - Question gross proceeds to the issuer."  | n 4.a. This difference is the "adjuste  | d   |  | :                    | <u> 114,150</u>                     |
| 5.            | Indicate below the amount of the adjusted gross proceeds to the for each of the purposes shown. If the amount for any purposed and check the box to the left of the estimate. The total of adjusted gross proceeds to the issuer set forth in response to Pa | se is not known, furnish an estimat<br>the payments listed must equal th              | e   |  |                      |                                     |
|               |  |   | Payments to Officers,<br>Directors & Affiliates |  | Payments To Other    |                                     |
|               | Salaries and fees  |   | 🗆   | S  |                      | \$                                  |
|               | Purchase of real estate  |   | 🗆   | S  |                      | \$                                  |
|               | Purchase, rental or leasing and installation of machinery  | and equipment   | 📮   | \$   |                      | \$                                  |
|               | Construction or leasing of plant buildings and facilities.   | ••••••  | 🗆   | <b>\$</b>                                    |                      | \$                                  |
|               | Acquisition of other businesses (including the value of that may be used in exchange for the assets or secur merger)   | ities of another issuer pursuant to   | a 🗀   | s  |                      | \$                                  |
|               | Repayment of indebtedness  |   | 🗆   | s  |                      | \$                                  |
|               | Working capital  |   | 🗆   | <b>S</b>                                     | $\boxtimes$          | \$ <u>114,150</u>                   |
|               | Other (specify):   |   |   |  |                      |                                     |
|               |  |   | П   | S  | П                    | \$                                  |
|               | Column Totals  |   |   | \$   | $\boxtimes$          | \$_114,150_                         |
| Column Totals |  |   | <u> </u>  | _  |                      |                                     |
|               | C. FEDI  | ERAL SIGNATURE  |   |  |                      |                                     |
| -             |  |   |   |  |                      |                                     |
| an u          | issuer has duly caused this notice to be signed by the undersigned duly a indertaking by the issuer to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b)(2) of Rule 502.   | nuthorized person. If this notice is filed use Commission, upon written request of it | nder Rul<br>s staff, tl                         | e 505, the following<br>the information furr | g signat<br>nished b | ure constitutes<br>by the issuer to |
| Mis           | er (Print or Type) ssion Gate REIT, Inc.   | 4(00)   | -   | 26, 2007                                     |                      |                                     |
|               | ne of Signer (Print or Type) Title of Signer (Print or Type) Tonard A. Silverstein General Counse  |   |   |  |                      |                                     |
| Lec           | onard A. Silverstein General Counse  | i and Secretary   |   |  |                      |                                     |

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

